



# APPLICATION FOR APPRAISAL CERTIFICATION BY RECIPROCITY

State Form 51140 (12-02)

Approved by State Board of Accounts, 2003

Real Estate Appraiser Licensure And Certification Board

## INSTRUCTIONS TO APPLICANTS:

1. Complete the Application for Appraisal Certification by Reciprocity.
2. Include a certification letter under seal issued by the Appraiser licensing or certifying agency.
3. Incomplete applications will be returned to the applicant noting what additional documentation is needed.
4. Mail the completed application and fee to:

Real Estate Appraiser Licensure and Certification Board  
Indiana Professional Licensing Agency  
302 West Washington Street, Room E034  
Indianapolis, Indiana 46204-2700

5. Fees: Application for licensure by reciprocity \$ 100.00  
Fee for license or certificate by reciprocity during even-numbered year \$ 150.00\*  
Fee for license or certificate by reciprocity during odd-numbered year \$ 125.00\*

\* The fees include the fee required by federal law to be transmitted to the federal government.

1. Name (first, middle, last)		
2. Business information (name of firm):		
Address (number and street)		
City, state, ZIP code		
Telephone number (       )	County	
3. Residence information (address - number and street):		
City, state, ZIP code		
Telephone number (       )	County	
4. Date of birth (month, day, year)	5. Social Security number *	* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed with it.
6. Type of certification applying for: <input type="checkbox"/> Certified General <input type="checkbox"/> Certified Residential		
7. Are you a licensed / certified appraiser in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please complete the following:		
STATE OF LICENSURE	TYPE OF LICENSE HELD	REGISTRATION NUMBER

(Continued on the reverse side)

8. Have you ever been convicted of a felony or misdemeanor? <i>(excluding traffic offenses)</i> <div style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                                  <input type="checkbox"/> <b>No</b> </div>		
<b>If yes, please complete the following:</b>		
<b>OFFENSE</b>	<b>DATE OF OFFENSE</b>	<b>LOCATION OF OFFENSE</b>

9. Have any legal actions or professional ethics proceedings been brought against you in your professional appraisal practice? <div style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                                  <input type="checkbox"/> <b>No</b> </div>		
<b>If yes, please explain in detail on a separate 8 1/2" x 11" sheet of paper.</b>		

10. Have you ever had an appraisal license / certification denied, suspended, or revoked in this or any other state? <div style="text-align: center;"> <input type="checkbox"/> <b>Yes</b>                                  <input type="checkbox"/> <b>No</b> </div>		
<b>If yes, please explain in detail on a separate 8 1/2" x 11" sheet of paper.</b>		

COMPLETE THE ATTACHED “OATH AND AFFIDAVIT”	
<p><b>I, the undersigned, in making this application to the Real Estate Appraiser Licensure and Certification Board for a license / certificate to conduct real estate appraisals, swear that I have read and am thoroughly familiar with the laws and rules, and agree to fully comply with them. I further swear that all the information given in this application is true to the best of my knowledge and belief.</b></p>	
SIGNATURE	DATE

FOR OFFICE USE ONLY
<div style="margin-bottom: 20px;"> <input type="checkbox"/> <b>APPROVED</b> </div> <div> <input type="checkbox"/> <b>TABLE PENDING RECEIPT OF THE FOLLOWING:</b> _____            _____            _____            _____         </div> <div style="margin-top: 20px;"> <input type="checkbox"/> <b>DENIED:</b> _____            _____            _____            _____         </div>